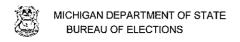


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 1-1-10 to 12-31-10	
1. Committee I.D. Number 150310	4. Candidate La	to 12-31-10 st Name M.I.	
2. Committee Name VILKI ROUPE RELISTER	ROUPE VICTORIA L. 4a. Office Sought Including District # or Community Served (If applicable) REGISTER OF DEED S		
OF DEEDS	4b. County of Res	idence BA Y	
5. Committee's Mailing Address 3115 KIRKWOOD PL. BAY CITY, MI 48706	6. Treasurer's Name & Residential Address VILTORIA L. ROUPE 3/15 KIRKWOOD PL. BAY CITY, MI 48706		
Area Code and Phone <u>989-684-6462</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.		ne 989-684-6462 SB & SSB	
7. Treasurer's Business Address 515 LENTER AVENUE SUITE 102 BAY CITY, MI 48708	8. Designated Reco	ecord keeper's Name and Malling Address (If the committee has a brid keeper)	
Area Code and Phone 989 - 895 - 4327	Area Code and P	hone	
9. TYPE OF STATEMENT			
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (<u>3010</u> Coverage Year) 9d. Annual Statement (<u>3010</u> Coverage Year) 9d. Annual Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary	Primary General		
Convention School		Effective Date of Dissolution	
Date of Election, Convention or Caucus	cus	By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper USCIAL. ROUPE Wilturia & Lauge Date 1-03-11 Type or Print Name Signature			
Candidate VICTORIA L. ROUPE, Victoria L. Raupe Date 1-03-11			
Type or Print Name	Signature		



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150316

LOMMITTEE TO ELECT VICKI
2. Committee Name ROUPE REGISTER OF DEENS

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ <u>3/45.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 3165.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>363.60</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>363.60</u>	(23.)\$ 3083.78
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>3000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>512.08</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 5/2.08	
15. SUBTOTAL Add lines 13 and 14	(16.)- \$ 363.60	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>148.48</u> *	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>/ 70 · 70</u> *	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150310

LOMMITTEE TO ELECT VICKI
2. Committee Name RIVES REFLICTED OF ACENS

2.	Committee Name ROUPE REGISTE	R OF A	EEDS
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name JOHN GLENN DRAMA CLUB		3-08-10	\$ <u>35.00</u>
Address 3201 KIESEL	Purpose: AD	Date	· · · · · · · · · · · · · · · · · · ·
BAY CITY, MI 48706	Clic	k Here for Memo	Itemization Type
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name BAY CITY DEMOCRATIC		3-17-10	. / .
PRESS		Date	\$ 10.48
Address 309 NINTH STREET	Purpose: TICKETS (PRINTING)		
BAY CITY, MI 48708		k Here for Memo	Itemization Type
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name ST PATRICKS DAY		יו אבי בי	
PARASE ASSOCIATION		<u> </u>	\$ 55.00
Address BROADWAY	Purpose: A	Date	
PARADE ASSOCIATION Address Clo 1316 BROADWAY BAY CITY, MI 48708	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment o	ı.f	•
Fund Raiser	debt or obligation reported on previous	•	
Expenditure #4	statement		
Name BAY CITY DEMOCRATIC		1 68-10	
Address PRESS		Date	\$ 108,12
Address RAD MULTILL STOFF	Purpose: TICKETS		
309 NINTH STREET BAY CITY, MI 4870	(PRINTING) Click	Here for Memo I	temization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name MAYOR'S SCHOLARSHIP		4-08-10	
Address C/O 226 LIBBY PINCONNING, MI	Purpose: TICKET	Date	\$ <u>35.06</u>
PINCONNING, MI	Click	Here for Memo I	temization Tyne
48650	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subt	otal this page	243.60
	Grand Total of all (Complete on last pag		363.60
	(Complete on last pag		200

Enter this total on line 8a of Summary Page

Page <u>3</u> of <u>5</u>



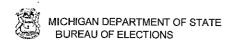
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee J. D. Number	
2. Committee Name REGISTER OF NEEDS	ROUPE
2. Committee Name REGISTER OF NETAL	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			orr integrit
Name BAY QITY NAACP Address Q/O 1316 BROAD WAY BAY CITY, MI 48708	Purpose: 7 TURE 1		\$ <u>50.00</u> Itemization Type
Fund Raiser Expenditure #2	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name GARBER HIGH SCHOOL Address 303 PINE	Purpose: AD	<u>9-17-10</u> Date	\$ <u>35.00</u>
ESSEXVILLE, MI 48732	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name JOHN GLENN DRAMA CLUB Address 3201 KIESEL BAY CITY, MI 48706	Purpose: <u>A7)</u>		\$ <u>35.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Address	Purpose:	Date Pere for Memo Ite	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ae ioi mento le	arazadon Type
Expenditure #5			
Name	·		
Address	Purpose:	Date	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Ite	emization Type
	Subtota	I this page	120.00
	Grand Total of all So (Complete on last page o	of Schedule)	Enter this total

Enter this total on line 8a of Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

COMMITTEE TO ELECT VICKI ROUPE

2. Committee Name REGISTER OF DEEDS

CANDIDATE COMMITTEE 2.0	ommittee Name //E8/3/	ER OF DEED		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Corp? Yes Owed to or by: VILTORIA L. ROUPE 3115 KIRKWOOD PL. BAY CITY, MI 48706	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred</u> : 12-10-03 ≠ 7-02-04 6. <u>Original Amount of Debt</u> : \$ 3000,05	\$ \$ \$ \$	\$_ <i>-0-</i>	\$ <u>3000.00</u>
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
If bank loan, name of endorser or guarantor:	6. Original Amount of Debt:	\$	\$	\$FORGIVEN
The state of the s		An	nount Endorsed: \$	
Page Subtotal (Outstanding debt) 3000,00 Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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